

City of Weslaco

"The City on the Grow"



Engineering Division

WATER BACTERIOLOGY TEST REQUEST

Project: _____ Date of request: _____

Project Location: _____

Requested by: _____ Contact #: _____

• Number of Test: (circle one)	1	2	3	4	5
Amount per test:	\$23.00	\$46.00	\$69.00	\$92.00	\$115.00

Amount Due: _____

NOTE:

One test for every 1000 LF of Pipe

Date received by Water Department: _____

Date sent to Public Facilities Department: _____

NOTE:

AREA BELOW TO BE FILLED OUT BY INSPECTOR FOR THIS PROJECT

CODE: 151

Date of sample pickup: _____ Number of test samples picked up: _____

City Construction Inspector's Signature

Date of Collection

*** Attach receipt for our records.**